

COVID-19 Outbreak Control Measures Checklist

Outbreak



Renfrew County and District Health Unit COVID-19 Outbreak Control Measures Checklist for Acute Care/Hospitals

Facility: _____

Date Outbreak Declared: _____ Outbreak #: 2257- _____

Outbreak Area: Unit/Floor _____

Facility Wide

Health Unit Contact: _____

Respiratory Outbreak intake line: 613-602-5963

IMMEDIATE CONTROL MEASURES FOR SUSPECT OR CONFIRMED COVID-19 OUTBREAK

- Isolate patients with any symptom(s) of COVID-19.
- Move COVID-19 patient(s) to single room, if possible.
- Contact & Droplet Precautions for direct care and close contact (within 2 meters). Notify staff of potential outbreak.
- Start COVID-19 Respiratory Line Listing of ill/positive patients and staff and send to secure fax line 613-735-3067.
- Collect surveillance tests for staff and patients in the outbreak area/unit.
- Notify the Renfrew County and District Health Unit of potential outbreak by calling **613-602-5963**.

Notification

- Notify key stakeholders immediately—including hospital and unit leadership, IPAC, Occupational Health and Safety (OHS), Joint Health and Safety Committee (JHSC), and microbiology.
- Schedule a meeting with RCDHU to review outbreak measures within 24 hours of recognition of a confirmed outbreak.
- Schedule a meeting with the Outbreak Management Team (OMT) in the hospital to review outbreak measures within 24 hours of recognition of a confirmed outbreak.

Communication

- Regular communications about the outbreak and outbreak control measures should go to unit staff with separate communications sent more broadly, as required.
- Communications for patients, visitors and families should be developed.
- A media plan should be prepared with consideration to release a statement about

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the outbreak, if appropriate.

- Signage should be present on the unit to notify visitors and off-unit staff about the outbreak.

Case Identification & Contact Tracing

- Initiate contact tracing related to all positive patient and staff cases.
- IPAC should notify OHS about new patient cases and OHS should notify IPAC about new staff cases to ensure early outbreak recognition and allow prompt contact tracing of patients and staff
- IPAC in collaboration with OHS should conduct forward and backward contract tracing of all positive patient cases to allow rapid identification and management of exposed patients and staff and to identify the source of the outbreak.

COVID-19 Testing:

- Check expiry dates on swabs.
- Test all asymptomatic unvaccinated or partially-vaccinated staff working on the affected units as soon as possible.
- Test all asymptomatic, unvaccinated or partially-vaccinated patients on the affected units as soon as possible.
- Consider need to test asymptomatic fully-vaccinated patients or staff depending on the VOC type (if known), the patient's or staff's underlying health conditions, or based on other epidemiological features of concern such as a larger number of initial cases and cases occurring in fully-vaccinated individuals.
- Discuss with IPAC and RCDHU if area/unit wide testing is required for all staff and patients in the outbreak area/unit.

Admissions and Transfers

- If in suspect outbreak, pause admissions and transfers until the situation is reviewed by the OMT.
- Once an outbreak is declared the unit should be closed to admissions and non-urgent transfers.
- Patients who require urgent transfer to another unit for medical reasons should be transferred in Droplet and Contact Precautions and remain in quarantine for 14 days from their last day on the outbreak unit and be retested at the end of the quarantine period.
- Identify patients who have recently been transferred off the area/unit to other wards or facilities; notify other wards or facilities of the suspected outbreak and ensure all transferred patients are in Droplet and Contact Precautions—testing of these patients may be indicated and the timing of such testing can be determined by the OMT.

Cohorting and Isolation

- Place all positive patients in Droplet and Contact Precautions in single rooms or cohort with other confirmed positive cases.
- Ensure all positive staff are in home self-isolation.

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- Consider placing the entire unit in Droplet and Contact Precautions pending review at an initial OMT meeting.
- If Droplet and Contact Precautions for all patients are not initiated, at a minimum patients should be confined to their rooms except for medically essential tests and procedures and group activities should be cancelled.
- Place all exposed patients (e.g., roommates of positive cases) in Droplet and Contact Precautions in single rooms. Exposed patients must not be cohorted because of the risk that if one develops COVID-19 as a result of the initial exposure, they may transmit to other exposed patients in the room prior to symptom onset.
- OHS should assess all exposed staff; staff with high-risk exposures should be placed on home-self isolation for 10 days, OHS can bring back staff on work-self-isolation if they are facing critical staff shortages.

Personal Protective Equipment (PPE)

- Ensure PPE is available near the entrance of each patient room.
- PPE must be donned prior to entering the room.
- PPE must be doffed and discarded prior to exiting the room.
- PPE is not required outside of patient care areas – source protection mask only.
- Ensure PPE supplies are sufficient and accessible by staff.
- **Decision Point:** Consider if staff will be wearing a surgical mask, N95 or a KN95 mask.

Occupational Health of Employees

- Review staff vaccination rates and promote staff vaccination.
- Prepare a list for the number of vaccinated staff and patients for public health.
- Symptomatic staff should notify OHS, be tested regardless of vaccination status, and should not be working until cleared by OHS.
 - » Return to work for asymptomatic, low-risk staff :
 - NEGATIVE COVID-19 RESULT:**
 - enteric illness – 48 hours symptom free
 - respiratory illness – 5 days from the onset of symptoms or until symptoms have resolved for 24 hours

Screening

- Ensure that active screening of staff for COVID-19 symptoms is occurring. Symptomatic staff should not remain at work, should be placed on home self-isolation and should be tested for COVID-19 regardless of vaccination status; OHS should be notified of all symptomatic staff.
- Assess all patients in the outbreak area for symptoms of COVID-19—symptomatic patients should be placed in Droplet and Contact Precautions in a single room with access to their own toileting facility where possible and tested for COVID-19; symptomatic patients should not be cohorted. IPAC should be notified of all symptomatic patients.
- All patients should be assessed twice daily for COVID-19 symptoms.
- When patients are recognized as having new COVID-19 symptoms, testing should be repeated, Droplet and Contact Precautions initiated, and IPAC informed immediately.

Control Measures for Visitors:

- Consider restricting all visitors.
- If visitors are permitted, restrict visitors to only essential care partners as per the

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- facilities outbreak policy
 - » Consider allowing 1 caregiver per patient can visit at a time during an outbreak in an acute care facility.
- Notify visitors of outbreak through signage at entrances.
- Notify visitors of contact/droplet precautions with signage on patient doors.
- Notify all outside agencies contracted to work in the facility of the outbreak.
- Ensure that visitors are screened. Those that fail screening are not permitted in the facility (visitors for imminently palliative patients who fail screening may be considered for entry, as per hospital policy, but hospitals must ensure they wear a medical (surgical/procedure) mask and physically distance from other patients and staff).
- Provide education and instruction to visitors to:
 - » Clean hands before and after visit.
 - » Use appropriate PPE for direct care/close contact with patients in the Outbreak area/unit.
- Visit only one patient, clean hands and exit facility.

Communal Dining, Social Activities:

- Modify or suspend communal dining and indoor social activities as required.
- Consider individualized activities and stimulation for patients in isolation.

IPAC Practices

- Review IPAC and OHS policies.
- Review IPAC and OHS practices on the unit through discussion with unit leadership, unit educators, and front-line staff from all professional groups (e.g., nursing, allied health, environmental services, etc.).
- Audit unit practices including IPAC and OHS practices.
- Provide education on key elements of the COVID-19 IPAC and OHS response.
- Provide education on symptom surveillance and reporting.
- Consider the use of "safety coaches" on the unit to monitor and provide feedback on hand hygiene and PPE practices.

Monitoring Transmission

- Conduct additional point prevalence studies if ongoing transmission is occurring at a frequency determined by the extent of ongoing transmission.
- If significant ongoing transmission is occurring, expand point prevalence testing to include fully vaccinated patients and staff for at least one round of point prevalence testing if fully-vaccinated patients and staff were excluded from the initial point prevalence.

Staff Shared Spaces

- Limit the number of staff in shared office spaces, eating spaces and break rooms.
- Limit or pause social activities at the hospital.
- Limit or pause contact outside the hospital (e.g., shared transportation to and from work, after work social activities, staff that live together).

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Declaring the Outbreak Over

- Notify Public Health if the hospital outbreak can be declared over.
- Public Health will declare the outbreak over when 10 days have passed, from:
 - ✓ There must be no evidence of ongoing transmission after the date when outbreak measures were implemented, AND
 - ✓ No unprotected exposures to patients/staff from patient or staff cases (e.g., date of isolation of last case in a patient; or, date of last shift at work in a staff member who worked during the period of communicable with possible unprotected exposure(s) to patients/staff).